259021

# **Annual Lifeline Eligible Telecommunications Carrier Certification Form**

All carriers must complete all or portions of all sections Form must be submitted to USAC and filed with the Federal Communications Commission

# IMPORTANT: PLEASE READ INSTRUCTIONS FIRST

Deadline: January 31<sup>st</sup> (Annually)

143030103

Study Area Code (Study Area Code)		Service Provider Identification Number (SPIN) certification form for each SAC through which it provides Lifeline service).
2016	AL	TracFone Wireless Inc.
Recertification Yea	ar State	ETC Name
SafeLink Wireles	s	TracFone Wireless Inc
DBA, Marketing, o	r Other Branding Name st "N/A" Do <u>not</u> leave blank)	Holding Company Name (If same as ETC name, list "N/A" Do not leave blank)
Provide a list of all ETCs the determined in accordance w	with Section 3(2) of the Communications	Yes No No Researce No
Affiliated ETC's SAC		Affiliated ETC's Name
formation, or other sin laws (or partnership ag comptroller, treasurer,	nilar legal document. An officer reement), and would typically be or a comparable position. If the fi	t of a position listed in the article of incorporation, articles of is a person who occupies a position specified in the corporate by president, vice president for operations, vice president for finance iller is a sole proprietorship, the owner must sign the certification.
	Certification All ETCs must complete	
A) Review income and that, to the best of	my knowledge, the company w	entation prior to enrolling a consumer in the Lifeline program, and as presented with documentation of each consumer's household or her enrollment in Lifeline; and/or
	eligibility by relying upon acce or prior to enrolling a consumer in	ss to a state database and/or notice of eligibility from the state in the Lifeline program.
I am an officer of the above.	company named above. I am aut	horized to make this certification for the Study Area Code listed
Initial		

Do not leave empty blocks. If an ETC has nothing to report in a block, enter a zero.

A	В	C	D	$\mathbf{E} = (\mathbf{A} - \mathbf{B} - \mathbf{C} - \mathbf{D})$
Number of subscribers claimed on February FCC Form 497 of current Form 555 calendar year (February data month)	Number of lines claimed on February FCC Form 497 of current Form 555 calendar year provided to wireline resellers	Number of subscribers claimed on the February FCC Form 497 that were initially enrolled in the current Form 555 calendar year  (These subscribers did not have Lifeline service prior to January 1 of the current 555 calendar year.)	Number of subscribers de-enrolled <u>prior</u> to recertification attempt by either the ETC, a state administrator, access to an eligibility database, or by USAC	Number of subscribers ETC is responsible for recertifying for current Form 555 calendar year
117726	0	5183	31839	80704

#### **Recertification Results:**

F	G	$\mathbf{H} = (\mathbf{F} \cdot \mathbf{G})$	I	$\mathbf{J} = (\mathbf{H} + \mathbf{I})$
Number of subscribers ETC contacted directly to recertify eligibility through attestation	Number of subscribers responding to ETC contact	Number of non- responding subscribers	Number of subscribers responding that they are no longer eligible  (This should be a subset of Block G.)	Number of subscribers de- enrolled or scheduled to be de-enrolled as a result of non-response or response of ineligibility from ETC recertification attempt
80704	58812	21892	0	21892

K	L
Number of subscribers whose eligibility was reviewed by state administrator, ETC access to eligibility database, or by USAC	Number of subscribers de-enrolled or scheduled to be de-enrolled as a result of finding of ineligibility by state administrator, ETC access to eligibility database, or USAC
0	0

**Note:** If any subscriber was reviewed by an ETC accessing a state database or by a state administrator and subsequently contacted directly by the ETC in an attempt to recertify eligibility, those subscribers should be listed in Blocks F through J as appropriate and not in Blocks K and L. As a result, all subscribers subject to recertification who were not de-enrolled prior to the recertification attempt must be accounted for in Block F or Block K.

The total of Block F and Block K should equal the number reported in Block E.

## **Certification:**

Based on the data entered above, initial the certification(s) below that apply. Both Certification A and B may apply depending on the recertification procedures in place for the SAC reporting on this form. If Certification C applies, neither Certification A nor B may apply.

A) I certify that the company listed above has procedures in place to recertify the continued eligibility of all of its Lifeline subscribers, and that, to the best of my knowledge, the company obtained signed certifications from all subscribers attesting to their continuing eligibility for Lifeline. Results are provided in the chart above in Blocks F through J. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.

Initial JR

#### AND/OR

B)	I certify that the company listed above has procedures in place to recertify consumer eligibility by relying on:
	(List database or name of administrator here) Results
	are provided in the chart above in Blocks K through L. I am an officer of the company named above. I am
	authorized to make this certification for the SAC listed above.
	Initial ———

C) I certify that my company did not claim federal low income support for any Lifeline subscribers for the February Form 497 data month for the current Form 555 calendar year. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.

OR

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Using the data entered in Section 2, complete the chart below to find the percentage of subscribers de-enrolled for this ETC.

$\mathbf{M} = (\mathbf{F} + \mathbf{K})$	N = (J+L)	$\mathbf{O} = ((\mathbf{N} \div \mathbf{M}) * 100)$
Number of subscribers that the ETC attempted to recertify directly or through a state administrator, ETC access to a state database, or by USAC (This should equal the number reported in Block E)	Number of subscribers de-enrolled or scheduled to be de- enrolled as a result of non-response or ineligibility	Percentage of subscribers de-enrolled or scheduled to be de-enrolled as a result of ineligibility or non-response
80704	21892	27.13%

## **Section 4:** ETCs Subject to the Non-Usage Requirements

All ETCs must complete the appropriate check-box. ETCs that do not assess and collect a monthly fee from their Lifeline subscribers are subject to the non-usage requirements. ETCs subject to the non-usage requirements must indicate the number of subscribers de-enrolled by month in Section 4. ETCs that only assess a fee but do not collect such fees are subject to the non-usage requirements and must also indicate the number of subscribers de-enrolled by month.

## Is the ETC subject to the non-usage requirements?

Yes 🗿

No O

If yes, record the number of subscribers de-enrolled for non-usage by month in Block Q below.

P	Q
Month	Subscribers De-Enrolled for Non-Usage
January	2762
February	2204
March	1998
April	1350
May	2132
June	1697
July	2004
August	2250
September	2873
October	3597
November	2592
December	2762
Total Subscribers	28221

# Signature Block

	Javier Rosado Sr. Off. ABU
Signed,	
Certified Online	
Signature of Officer	Printed Name and Title of Officer
jrosado@tracfone.com	01/31/2017
Email Address of Officer	Date
Janet Morejon	305-715-6522
Person Completing This Certification Form	Contact Phone Number

409014

# **Annual Lifeline Eligible Telecommunications Carrier Certification Form**

All carriers must complete all or portions of all sections Form must be submitted to USAC and filed with the Federal Communications Commission

# IMPORTANT: PLEASE READ INSTRUCTIONS FIRST

Deadline: January 31<sup>st</sup> (Annually)

143030103

Study Area Code (SA) (An Eligible Telecommunication)		Service Provider Identification Number (SPIN)  ertification form for each SAC through which it provides Lifeline service).
2016	AR	TracFone Wireless Inc.
Recertification Year	State	ETC Name
SafeLink Wireless		TracFone Wireless Inc
DBA, Marketing, or C (If same as ETC name, list "	Other Branding Name N/A" Do not leave blank)	Holding Company Name (If same as ETC name, list "N/A" Do not leave blank)
Provide a list of all ETCs that determined in accordance with	Section 3(2) of the Communications A	Yes No
Affiliated ETC's SAC		Affiliated ETC's Name
formation, or other simila laws (or partnership agree comptroller, treasurer, or a	r legal document. An officer is ment), and would typically be p	of a position listed in the article of incorporation, articles of a person who occupies a position specified in the corporate by president, vice president for operations, vice president for finance er is a sole proprietorship, the owner must sign the certification.
·	listed above has certification pro	
A) Review income and pr that, to the best of m	ogram-based eligibility docume y knowledge, the company wa	ntation prior to enrolling a consumer in the Lifeline program, and as presented with documentation of each consumer's household her enrollment in Lifeline; and/or
	gibility by relying upon access prior to enrolling a consumer in	s to a state database and/or notice of eligibility from the state the Lifeline program.
I am an officer of the conabove.	mpany named above. I am auth	orized to make this certification for the Study Area Code listed
Initial		

Do not leave empty blocks. If an ETC has nothing to report in a block, enter a zero.

A	В	C	D	$\mathbf{E} = (\mathbf{A} - \mathbf{B} - \mathbf{C} - \mathbf{D})$
Number of subscribers claimed on February FCC Form 497 of current Form 555 calendar year (February data month)	Number of lines claimed on February FCC Form 497 of current Form 555 calendar year provided to wireline resellers	Number of subscribers claimed on the February FCC Form 497 that were initially enrolled in the current Form 555 calendar year  (These subscribers did not have Lifeline service prior to January 1 of the current 555 calendar year.)	Number of subscribers de-enrolled <u>prior</u> to recertification attempt by either the ETC, a state administrator, access to an eligibility database, or by USAC	Number of subscribers ETC is responsible for recertifying for current Form 555 calendar year
34011	0	1801	12338	19872

#### **Recertification Results:**

F	G	$\mathbf{H} = (\mathbf{F} \cdot \mathbf{G})$	I	$\mathbf{J} = (\mathbf{H} + \mathbf{I})$
Number of subscribers ETC contacted directly to recertify eligibility through attestation	Number of subscribers responding to ETC contact	Number of non- responding subscribers	Number of subscribers responding that they are no longer eligible  (This should be a subset of Block G.)	Number of subscribers de- enrolled or scheduled to be de-enrolled as a result of non-response or response of ineligibility from ETC recertification attempt
14130	14127	3	0	3

K	L
Number of subscribers whose eligibility was reviewed by state administrator, ETC access to eligibility database, or by USAC	Number of subscribers de-enrolled or scheduled to be de-enrolled as a result of finding of ineligibility by state administrator, ETC access to eligibility database, or USAC
5742	1059

**Note:** If any subscriber was reviewed by an ETC accessing a state database or by a state administrator and subsequently contacted directly by the ETC in an attempt to recertify eligibility, those subscribers should be listed in Blocks F through J as appropriate and not in Blocks K and L. As a result, all subscribers subject to recertification who were not de-enrolled prior to the recertification attempt must be accounted for in Block F or Block K.

The total of Block F and Block K should equal the number reported in Block E.

## **Certification:**

Based on the data entered above, initial the certification(s) below that apply. Both Certification A and B may apply depending on the recertification procedures in place for the SAC reporting on this form. If Certification C applies, neither Certification A nor B may apply.

A) I certify that the company listed above has procedures in place to recertify the continued eligibility of all of its Lifeline subscribers, and that, to the best of my knowledge, the company obtained signed certifications from all subscribers attesting to their continuing eligibility for Lifeline. Results are provided in the chart above in Blocks F through J. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.

Initial JR

#### AND/OR

B)	I certify that the company listed above has procedures in place	e to recertify consumer eligibility by relying on:
	MEDICAID, SNAP, TANF	(List database or name of administrator here) Results
	are provided in the chart above in Blocks K through L.	I am an officer of the company named above. I am
	authorized to make this certification for the SAC listed above	e.
	Initial JR	

OR

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Initial	
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Using the data entered in Section 2, complete the chart below to find the percentage of subscribers de-enrolled for this ETC.

$\mathbf{M} = (\mathbf{F} + \mathbf{K})$	$\mathbf{N} = (\mathbf{J} + \mathbf{L})$	$\mathbf{O} = ((\mathbf{N} \div \mathbf{M}) * 100)$
Number of subscribers that the ETC attempted to recertify directly or through a state administrator, ETC access to a state database, or by USAC (This should equal the number reported in Block E)	Number of subscribers de-enrolled or scheduled to be de- enrolled as a result of non-response or ineligibility	Percentage of subscribers de-enrolled or scheduled to be de-enrolled as a result of ineligibility or non-response
19872	1062	5.34%

## **Section 4:** ETCs Subject to the Non-Usage Requirements

All ETCs must complete the appropriate check-box. ETCs that do not assess and collect a monthly fee from their Lifeline subscribers are subject to the non-usage requirements. ETCs subject to the non-usage requirements must indicate the number of subscribers de-enrolled by month in Section 4. ETCs that only assess a fee but do not collect such fees are subject to the non-usage requirements and must also indicate the number of subscribers de-enrolled by month.

## Is the ETC subject to the non-usage requirements?

Yes 🗿

No O

If yes, record the number of subscribers de-enrolled for non-usage by month in Block Q below.

P	Q
Month	Subscribers De-Enrolled for Non-Usage
January	984
February	1512
March	1026
April	806
May	1127
June	874
July	942
August	1067
September	1154
October	1369
November	1011
December	1262
Total Subscribers	13134

# Signature Block

	Javier Rosado Sr. Off. ABU	
Signed,		
Certified Online		
Signature of Officer	Printed Name and Title of Officer	
jrosado@tracfone.com	01/31/2017	
Email Address of Officer	Date	
Janet Morejon	305-715-6522	
Person Completing This Certification Form	Contact Phone Number	

459008

Study Area Code (SAC)

## **Annual Lifeline Eligible Telecommunications Carrier Certification Form**

All carriers must complete all or portions of all sections Form must be submitted to USAC and filed with the Federal Communications Commission

# IMPORTANT: PLEASE READ INSTRUCTIONS FIRST

Deadline: January 31<sup>st</sup> (Annually)

(An Eligible Telecommunications Carrier (ETC) must provide a certification form for each SAC through which it provides Lifeline service).

143030103

Service Provider Identification Number (SPIN)

2016	AZ	TracFone Wireless Inc.
Recertification Year	State	ETC Name
SafeLink Wireless		TracFone Wireless Inc
DBA, Marketing, or Ot (If same as ETC name, list "N	her Branding Name A" Do <u>not</u> leave blank)	Holding Company Name (If same as ETC name, list "N/A" Do not leave blank)
Does the reporting compa	any have affiliated ETCs?	Yes No O
determined in accordance with S	Section 3(2) of the Communications	, using page 4 and additional sheets if necessary. Affiliation shall be Act. That Section defines "affiliate" as "a person that (directly or indirectly) wnership or control with, another person." 47 U.S.C. § 153(2). See also 47
Affiliated ETC's SAC		Affiliated ETC's Name
comptroller, treasurer, or a		president, vice president for operations, vice president for finance ler is a sole proprietorship, the owner must sign the certification.
· · · · · · · · · · · · · · · · · · ·	sted above has certification pr	
A) Review income and prothat, to the best of my	gram-based eligibility docume knowledge, the company w	entation prior to enrolling a consumer in the Lifeline program, and as presented with documentation of each consumer's household ther enrollment in Lifeline; and/or
	ibility by relying upon accessior to enrolling a consumer in	ss to a state database and/or notice of eligibility from the state the Lifeline program.
I am an officer of the com above.	pany named above. I am autl	norized to make this certification for the Study Area Code listed
Initial JR		

Do not leave empty blocks. If an ETC has nothing to report in a block, enter a zero.

A	В	C	D	$\mathbf{E} = (\mathbf{A} - \mathbf{B} - \mathbf{C} - \mathbf{D})$
Number of subscribers claimed on February FCC Form 497 of current Form 555 calendar year (February data month)	Number of lines claimed on February FCC Form 497 of current Form 555 calendar year provided to wireline resellers	Number of subscribers claimed on the February FCC Form 497 that were initially enrolled in the current Form 555 calendar year  (These subscribers did not have Lifeline service prior to January 1 of the current 555 calendar year.)	Number of subscribers de-enrolled <u>prior</u> to recertification attempt by either the ETC, a state administrator, access to an eligibility database, or by USAC	Number of subscribers ETC is responsible for recertifying for current Form 555 calendar year
70667	0	7476	28407	34784

## **Recertification Results:**

F	G	$\mathbf{H} = (\mathbf{F} \cdot \mathbf{G})$	I	$\mathbf{J} = (\mathbf{H} + \mathbf{I})$
Number of subscribers ETC contacted directly to recertify eligibility through attestation	Number of subscribers responding to ETC contact	Number of non- responding subscribers	Number of subscribers responding that they are no longer eligible  (This should be a subset of Block G.)	Number of subscribers de- enrolled or scheduled to be de-enrolled as a result of non-response or response of ineligibility from ETC recertification attempt
22773	22734	39	0	39

K	L
Number of subscribers whose eligibility was reviewed by state administrator, ETC access to eligibility database, or by USAC	Number of subscribers de-enrolled or scheduled to be de-enrolled as a result of finding of ineligibility by state administrator, ETC access to eligibility database, or USAC
12011	5552

**Note:** If any subscriber was reviewed by an ETC accessing a state database or by a state administrator and subsequently contacted directly by the ETC in an attempt to recertify eligibility, those subscribers should be listed in Blocks F through J as appropriate and not in Blocks K and L. As a result, all subscribers subject to recertification who were not de-enrolled prior to the recertification attempt must be accounted for in Block F or Block K.

The total of Block F and Block K should equal the number reported in Block E.

## **Certification:**

Based on the data entered above, initial the certification(s) below that apply. Both Certification A and B may apply depending on the recertification procedures in place for the SAC reporting on this form. If Certification C applies, neither Certification A nor B may apply.

A) I certify that the company listed above has procedures in place to recertify the continued eligibility of all of its Lifeline subscribers, and that, to the best of my knowledge, the company obtained signed certifications from all subscribers attesting to their continuing eligibility for Lifeline. Results are provided in the chart above in Blocks F through J. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.

Initial JR

#### AND/OR

B)	I certify that the company listed above has procedures in place to recertify consumer eligibility by relying on:			
	MEDICAID, SSI, TANF	(List database or name of administrator here) Results		
	are provided in the chart above in Blocks K through L.	I am an officer of the company named above. I am		
	authorized to make this certification for the SAC listed above	re.		
	Initial JR			

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Using the data entered in Section 2, complete the chart below to find the percentage of subscribers de-enrolled for this ETC.

$\mathbf{M} = (\mathbf{F} + \mathbf{K})$	N = (J+L)	$O = ((N \div M) * 100)$
Number of subscribers that the ETC attempted to recertify directly or through a state administrator, ETC access to a state database, or by USAC (This should equal the number reported in Block E)	Number of subscribers de-enrolled or scheduled to be de- enrolled as a result of non-response or ineligibility	Percentage of subscribers de-enrolled or scheduled to be de-enrolled as a result of ineligibility or non-response
34784	5591	16.07%

## **Section 4:** ETCs Subject to the Non-Usage Requirements

All ETCs must complete the appropriate check-box. ETCs that do not assess and collect a monthly fee from their Lifeline subscribers are subject to the non-usage requirements. ETCs subject to the non-usage requirements must indicate the number of subscribers de-enrolled by month in Section 4. ETCs that only assess a fee but do not collect such fees are subject to the non-usage requirements and must also indicate the number of subscribers de-enrolled by month.

## Is the ETC subject to the non-usage requirements?

Yes 🗿

No O

If yes, record the number of subscribers de-enrolled for non-usage by month in Block Q below.

P	Q
Month	Subscribers De-Enrolled for Non-Usage
January	2319
February	2226
March	2520
April	2249
May	2818
June	2641
July	2614
August	2748
September	2540
October	2173
November	2323
December	2562
Total Subscribers	29733

# Signature Block

	Javier Rosado Sr. Off. ABU
Signed,	
Certified Online	
Signature of Officer	Printed Name and Title of Officer
_jrosado@tracfone.com	01/31/2017
Email Address of Officer	Date
Janet Morejon	305-715-6522
Person Completing This Certification Form	Contact Phone Number

139002

Study Area Code (SAC)

# **Annual Lifeline Eligible Telecommunications Carrier Certification Form**

All carriers must complete all or portions of all sections Form must be submitted to USAC and filed with the Federal Communications Commission

# IMPORTANT: PLEASE READ INSTRUCTIONS FIRST

Deadline: January 31<sup>st</sup> (Annually)

143030103

Service Provider Identification Number (SPIN)

2016	СТ	TracFone Wireless Inc.
Recertification Year	State	ETC Name
SafeLink Wireless		TracFone Wireless Inc
DBA, Marketing, or Ot (If same as ETC name, list "No	her Branding Name A" Do <u>not</u> leave blank)	Holding Company Name (If same as ETC name, list "N/A" Do not leave blank)
Does the reporting comp	any have affiliated ETCs?	Yes No O
determined in accordance with S	Section $3(2)$ of the Communication.	C, using page 4 and additional sheets if necessary. Affiliation shall be s Act. That Section defines "affiliate" as "a person that (directly or indirectly) wnership or control with, another person." 47 U.S.C. § 153(2). See also 47
Affiliated ETC's SAC		Affiliated ETC's Name
formation, or other similar laws (or partnership agreen	legal document. An officer nent), and would typically be	t of a position listed in the article of incorporation, articles of is a person who occupies a position specified in the corporate by president, vice president for operations, vice president for finance iller is a sole proprietorship, the owner must sign the certification.
Section 1: Initial Cer	tification All ETCs must complete	e this section
I certify that the company la	isted above has certification p	rocedures in place to:
that, to the best of my	knowledge, the company w	entation prior to enrolling a consumer in the Lifeline program, and as presented with documentation of each consumer's household or her enrollment in Lifeline; and/or
	gibility by relying upon accerior to enrolling a consumer in	ss to a state database and/or notice of eligibility from the state a the Lifeline program.
I am an officer of the comabove.	npany named above. I am aut	horized to make this certification for the Study Area Code listed
Initial		

Do not leave empty blocks. If an ETC has nothing to report in a block, enter a zero.

A	В	C	D	$\mathbf{E} = (\mathbf{A} - \mathbf{B} - \mathbf{C} - \mathbf{D})$
Number of subscribers claimed on February FCC Form 497 of current Form 555 calendar year (February data month)	Number of lines claimed on February FCC Form 497 of current Form 555 calendar year provided to wireline resellers	Number of subscribers claimed on the February FCC Form 497 that were initially enrolled in the current Form 555 calendar year  (These subscribers did not have Lifeline service prior to January 1 of the current 555 calendar year.)	Number of subscribers de-enrolled <u>prior</u> to recertification attempt by either the ETC, a state administrator, access to an eligibility database, or by USAC	Number of subscribers ETC is responsible for recertifying for current Form 555 calendar year
76600	0	3911	23913	48776

#### **Recertification Results:**

F	G	$\mathbf{H} = (\mathbf{F} - \mathbf{G})$	I	$\mathbf{J} = (\mathbf{H} + \mathbf{I})$
Number of subscribers ETC contacted directly to recertify eligibility through attestation	Number of subscribers responding to ETC contact	Number of non- responding subscribers	Number of subscribers responding that they are no longer eligible  (This should be a subset of Block G.)	Number of subscribers de- enrolled or scheduled to be de-enrolled as a result of non-response or response of ineligibility from ETC recertification attempt
37811	35043	2768	0	2768

K	L
Number of subscribers whose eligibility was reviewed by state administrator, ETC access to eligibility database, or by USAC	Number of subscribers de-enrolled or scheduled to be de-enrolled as a result of finding of ineligibility by state administrator, ETC access to eligibility database, or USAC
10965	268

**Note:** If any subscriber was reviewed by an ETC accessing a state database or by a state administrator and subsequently contacted directly by the ETC in an attempt to recertify eligibility, those subscribers should be listed in Blocks F through J as appropriate and not in Blocks K and L. As a result, all subscribers subject to recertification who were not de-enrolled prior to the recertification attempt must be accounted for in Block F or Block K.

The total of Block F and Block K should equal the number reported in Block E.

#### **Certification:**

Based on the data entered above, initial the certification(s) below that apply. Both Certification A and B may apply depending on the recertification procedures in place for the SAC reporting on this form. If Certification C applies, neither Certification A nor B may apply.

A) I certify that the company listed above has procedures in place to recertify the continued eligibility of all of its Lifeline subscribers, and that, to the best of my knowledge, the company obtained signed certifications from all subscribers attesting to their continuing eligibility for Lifeline. Results are provided in the chart above in Blocks F through J. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.

Initial JR

#### AND/OR

B) I certify that the company listed above has procedures in place to recertify consumer eligibility by relying on:

MEDICAID SNAP TFA SSI Refugee Cash State Supplement. (List database or name of administrator here) Results are provided in the chart above in Blocks K through L. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.

Initial	JK	

OR

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Using the data entered in Section 2, complete the chart below to find the percentage of subscribers de-enrolled for this ETC.

$\mathbf{M} = (\mathbf{F} + \mathbf{K})$	N = (J+L)	$O = ((N \div M) * 100)$
Number of subscribers that the ETC attempted to recertify directly or through a state administrator, ETC access to a state database, or by USAC (This should equal the number reported in Block E)	Number of subscribers de-enrolled or scheduled to be de- enrolled as a result of non-response or ineligibility	Percentage of subscribers de-enrolled or scheduled to be de-enrolled as a result of ineligibility or non-response
48776	3036	6.22%

## **Section 4:** ETCs Subject to the Non-Usage Requirements

All ETCs must complete the appropriate check-box. ETCs that do not assess and collect a monthly fee from their Lifeline subscribers are subject to the non-usage requirements. ETCs subject to the non-usage requirements must indicate the number of subscribers de-enrolled by month in Section 4. ETCs that only assess a fee but do not collect such fees are subject to the non-usage requirements and must also indicate the number of subscribers de-enrolled by month.

## Is the ETC subject to the non-usage requirements?

Yes 🗿

No O

If yes, record the number of subscribers de-enrolled for non-usage by month in Block Q below.

P	Q
Month	Subscribers De-Enrolled for Non-Usage
January	1962
February	1864
March	2509
April	1712
May	2134
June	1921
July	1924
August	2003
September	2194
October	1822
November	1958
December	2370
Total Subscribers	24373

# Signature Block

	Javier Rosado Sr. Off. ABU
Signed,	
Certified Online	
Signature of Officer	Printed Name and Title of Officer
jrosado@tracfone.com	01/31/2017
Email Address of Officer	Date
Janet Morejon	305-715-6522
Person Completing This Certification Form	Contact Phone Number

579001

# **Annual Lifeline Eligible Telecommunications Carrier Certification Form**

All carriers must complete all or portions of all sections Form must be submitted to USAC and filed with the Federal Communications Commission

# IMPORTANT: PLEASE READ INSTRUCTIONS FIRST

Deadline: January 31st (Annually)

143030103

Study Area Code (SAC) (An Eligible Telecommunications Carrier (ETC) must provide a continuous conti		Service Provider Identification Number (SPIN) certification form for each SAC through which it provides Lifeline service).		
2016	DC	TracFone Wireless Inc.		
Recertification Year State		ETC Name		
SafeLink Wireless		TracFone Wireless Inc		
DBA, Marketing, or (If same as ETC name, list	Other Branding Name "N/A" Do not leave blank)	Holding Company Name (If same as ETC name, list "N/A" Do not leave blank)		
Provide a list of all ETCs the determined in accordance we owns or controls, is owned o	th Section 3(2) of the Communications	Yes No		
C.F.R. § 76.1200.  Affiliated ETC's SAC		Affiliated ETC's Name		
formation, or other simi laws (or partnership agre comptroller, treasurer, o	lar legal document. An officer seement), and would typically be	of a position listed in the article of incorporation, articles of is a person who occupies a position specified in the corporate by president, vice president for operations, vice president for finance ler is a sole proprietorship, the owner must sign the certification.		
	y listed above has certification pr			
A) Review income and that, to the best of	program-based eligibility docume my knowledge, the company w	entation prior to enrolling a consumer in the Lifeline program, and as presented with documentation of each consumer's household repropried the enrollment in Lifeline; and/or		
	eligibility by relying upon acces r prior to enrolling a consumer in	ss to a state database and/or notice of eligibility from the state the Lifeline program.		
I am an officer of the cabove.	ompany named above. I am autl	horized to make this certification for the Study Area Code listed		
Initial JR				

Do not leave empty blocks. If an ETC has nothing to report in a block, enter a zero.

A	В	C	D	$\mathbf{E} = (\mathbf{A} - \mathbf{B} - \mathbf{C} - \mathbf{D})$
Number of subscribers claimed on February FCC Form 497 of current Form 555 calendar year (February data month)	Number of lines claimed on February FCC Form 497 of current Form 555 calendar year provided to wireline resellers	Number of subscribers claimed on the February FCC Form 497 that were initially enrolled in the current Form 555 calendar year  (These subscribers did not have Lifeline service prior to January 1 of the current 555 calendar year.)	Number of subscribers de-enrolled <u>prior</u> to recertification attempt by either the ETC, a state administrator, access to an eligibility database, or by USAC	Number of subscribers ETC is responsible for recertifying for current Form 555 calendar year
18561	0	1403	6924	10234

#### **Recertification Results:**

F	G	$\mathbf{H} = (\mathbf{F} \cdot \mathbf{G})$	I	$\mathbf{J} = (\mathbf{H} + \mathbf{I})$
Number of subscribers ETC contacted directly to recertify eligibility through attestation	Number of subscribers responding to ETC contact	Number of non- responding subscribers	Number of subscribers responding that they are no longer eligible  (This should be a subset of Block G.)	Number of subscribers de- enrolled or scheduled to be de-enrolled as a result of non-response or response of ineligibility from ETC recertification attempt
7354	7343	11	0	11

K	L
Number of subscribers whose eligibility was reviewed by state administrator, ETC access to eligibility database, or by USAC	Number of subscribers de-enrolled or scheduled to be de-enrolled as a result of finding of ineligibility by state administrator, ETC access to eligibility database, or USAC
2880	1864

**Note:** If any subscriber was reviewed by an ETC accessing a state database or by a state administrator and subsequently contacted directly by the ETC in an attempt to recertify eligibility, those subscribers should be listed in Blocks F through J as appropriate and not in Blocks K and L. As a result, all subscribers subject to recertification who were not de-enrolled prior to the recertification attempt must be accounted for in Block F or Block K.

The total of Block F and Block K should equal the number reported in Block E.

## **Certification:**

Based on the data entered above, initial the certification(s) below that apply. Both Certification A and B may apply depending on the recertification procedures in place for the SAC reporting on this form. If Certification C applies, neither Certification A nor B may apply.

A) I certify that the company listed above has procedures in place to recertify the continued eligibility of all of its Lifeline subscribers, and that, to the best of my knowledge, the company obtained signed certifications from all subscribers attesting to their continuing eligibility for Lifeline. Results are provided in the chart above in Blocks F through J. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.

Initial JR

#### AND/OR

B)	B) I certify that the company listed above has procedures in place to recertify const	ımer eligibility by relying on:
	MEDICAID . (List data	base or name of administrator here) Results
	are provided in the chart above in Blocks K through L. I am an officer of	the company named above. I am
	authorized to make this certification for the SAC listed above.	
	Initial JR	

OR

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Using the data entered in Section 2, complete the chart below to find the percentage of subscribers de-enrolled for this ETC.

$\mathbf{M} = (\mathbf{F} + \mathbf{K})$	$\mathbf{N} = (\mathbf{J} + \mathbf{L})$	$O = ((N \div M) * 100)$
Number of subscribers that the ETC attempted to recertify directly or through a state administrator, ETC access to a state database, or by USAC (This should equal the number reported in Block E)	Number of subscribers de-enrolled or scheduled to be de- enrolled as a result of non-response or ineligibility	Percentage of subscribers de-enrolled or scheduled to be de-enrolled as a result of ineligibility or non-response
10234	1875	18.32%

## **Section 4:** ETCs Subject to the Non-Usage Requirements

All ETCs must complete the appropriate check-box. ETCs that do not assess and collect a monthly fee from their Lifeline subscribers are subject to the non-usage requirements. ETCs subject to the non-usage requirements must indicate the number of subscribers de-enrolled by month in Section 4. ETCs that only assess a fee but do not collect such fees are subject to the non-usage requirements and must also indicate the number of subscribers de-enrolled by month.

## Is the ETC subject to the non-usage requirements?

Yes 🗿

No O

If yes, record the number of subscribers de-enrolled for non-usage by month in Block Q below.

P	Q
Month	Subscribers De-Enrolled for Non-Usage
January	608
February	507
March	533
April	345
May	473
June	570
July	711
August	722
September	748
October	728
November	928
December	1181
Total Subscribers	8054

# Signature Block

	Javier Rosado Sr. Off. ABU
Signed,	
Certified Online	
Signature of Officer	Printed Name and Title of Officer
jrosado@tracfone.com	01/31/2017
Email Address of Officer	Date
Janet Morejon	305-715-6522
Person Completing This Certification Form	Contact Phone Number

569002

Study Area Code (SAC)

# **Annual Lifeline Eligible Telecommunications Carrier Certification Form**

All carriers must complete all or portions of all sections Form must be submitted to USAC and filed with the Federal Communications Commission

# IMPORTANT: PLEASE READ INSTRUCTIONS FIRST

Deadline: January 31<sup>st</sup> (Annually)

(An Eligible Telecommunications Carrier (ETC) must provide a certification form for each SAC through which it provides Lifeline service).

143030103

Service Provider Identification Number (SPIN)

2016	DE	TracFone Wireless Inc.
Recertification Year	State	ETC Name
SafeLink Wireless		TracFone Wireless Inc
DBA, Marketing, or (If same as ETC name, list	Other Branding Name "N/A" Do <u>not</u> leave blank)	Holding Company Name (If same as ETC name, list "N/A" Do not leave blank)
Does the reporting com	npany have affiliated ETCs?	Yes No O
determined in accordance wit	h Section 3(2) of the Communications	using page 4 and additional sheets if necessary. Affiliation shall be Act. That Section defines "affiliate" as "a person that (directly or indirectly) wnership or control with, another person." 47 U.S.C. § 153(2). See also 47
Affiliated ETC's SAC		Affiliated ETC's Name
laws (or partnership agre comptroller, treasurer, or	ement), and would typically be	s a person who occupies a position specified in the corporate by- president, vice president for operations, vice president for finance ler is a sole proprietorship, the owner must sign the certification.
I certify that the company	listed above has certification pr	ocedures in place to:
that, to the best of n	ny knowledge, the company wa	entation prior to enrolling a consumer in the Lifeline program, and as presented with documentation of each consumer's household ther enrollment in Lifeline; and/or
	ligibility by relying upon acces prior to enrolling a consumer in	s to a state database and/or notice of eligibility from the state the Lifeline program.
I am an officer of the coabove.	ompany named above. I am auth	norized to make this certification for the Study Area Code listed
Initial		

Do not leave empty blocks. If an ETC has nothing to report in a block, enter a zero.

A	В	С	D	$\mathbf{E} = (\mathbf{A} - \mathbf{B} - \mathbf{C} - \mathbf{D})$
Number of subscribers claimed on February FCC Form 497 of current Form 555 calendar year (February data month)	Number of lines claimed on February FCC Form 497 of current Form 555 calendar year provided to wireline resellers	Number of subscribers claimed on the February FCC Form 497 that were initially enrolled in the current Form 555 calendar year  (These subscribers did not have Lifeline service prior to January 1 of the current 555 calendar year.)	Number of subscribers de-enrolled <u>prior</u> to recertification attempt by either the ETC, a state administrator, access to an eligibility database, or by USAC	Number of subscribers ETC is responsible for recertifying for current Form 555 calendar year
18600	0	660	7955	9985

#### **Recertification Results:**

F	G	$\mathbf{H} = (\mathbf{F} \cdot \mathbf{G})$	I	$\mathbf{J} = (\mathbf{H} + \mathbf{I})$
Number of subscribers ETC contacted directly to recertify eligibility through attestation	Number of subscribers responding to ETC contact	Number of non- responding subscribers	Number of subscribers responding that they are no longer eligible  (This should be a subset of Block G.)	Number of subscribers de- enrolled or scheduled to be de-enrolled as a result of non-response or response of ineligibility from ETC recertification attempt
7217	7209	8	0	8

K	L
Number of subscribers whose eligibility was reviewed by state administrator, ETC access to eligibility database, or by USAC	Number of subscribers de-enrolled or scheduled to be de-enrolled as a result of finding of ineligibility by state administrator, ETC access to eligibility database, or USAC
2768	1629

**Note:** If any subscriber was reviewed by an ETC accessing a state database or by a state administrator and subsequently contacted directly by the ETC in an attempt to recertify eligibility, those subscribers should be listed in Blocks F through J as appropriate and not in Blocks K and L. As a result, all subscribers subject to recertification who were not de-enrolled prior to the recertification attempt must be accounted for in Block F or Block K.

The total of Block F and Block K should equal the number reported in Block E.

## **Certification:**

Based on the data entered above, initial the certification(s) below that apply. Both Certification A and B may apply depending on the recertification procedures in place for the SAC reporting on this form. If Certification C applies, neither Certification A nor B may apply.

A) I certify that the company listed above has procedures in place to recertify the continued eligibility of all of its Lifeline subscribers, and that, to the best of my knowledge, the company obtained signed certifications from all subscribers attesting to their continuing eligibility for Lifeline. Results are provided in the chart above in Blocks F through J. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.

Initial JR

#### AND/OR

B)	I certify that the company listed above has procedures in place to recertify consumer eligibility by relying on:
	MEDICAID . (List database or name of administrator here) Results
	are provided in the chart above in Blocks K through L. I am an officer of the company named above. I am
	authorized to make this certification for the SAC listed above.
	Initial JR

OR

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Initial	
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Using the data entered in Section 2, complete the chart below to find the percentage of subscribers de-enrolled for this ETC.

$\mathbf{M} = (\mathbf{F} + \mathbf{K})$	$\mathbf{N} = (\mathbf{J} + \mathbf{L})$	$\mathbf{O} = ((\mathbf{N} \div \mathbf{M}) * 100)$
Number of subscribers that the ETC attempted to recertify directly or through a state administrator, ETC access to a state database, or by USAC (This should equal the number reported in Block E)	Number of subscribers de-enrolled or scheduled to be de- enrolled as a result of non-response or ineligibility	Percentage of subscribers de-enrolled or scheduled to be de-enrolled as a result of ineligibility or non-response
9985	1637	16.39%

## **Section 4:** ETCs Subject to the Non-Usage Requirements

All ETCs must complete the appropriate check-box. ETCs that do not assess and collect a monthly fee from their Lifeline subscribers are subject to the non-usage requirements. ETCs subject to the non-usage requirements must indicate the number of subscribers de-enrolled by month in Section 4. ETCs that only assess a fee but do not collect such fees are subject to the non-usage requirements and must also indicate the number of subscribers de-enrolled by month.

## Is the ETC subject to the non-usage requirements?

Yes 🗿

No O

If yes, record the number of subscribers de-enrolled for non-usage by month in Block Q below.

P	Q
Month	Subscribers De-Enrolled for Non-Usage
January	606
February	471
March	623
April	401
May	502
June	348
July	419
August	426
September	587
October	575
November	443
December	567
Total Subscribers	5968

# Signature Block

	Javier Rosado Sr. Off. ABU
Signed,	
Certified Online	
Signature of Officer	Printed Name and Title of Officer
jrosado@tracfone.com	01/31/2017
Email Address of Officer	Date
Janet Morejon	305-715-6522
Person Completing This Certification Form	Contact Phone Number

219003

Study Area Code (SAC)

# **Annual Lifeline Eligible Telecommunications Carrier Certification Form**

All carriers must complete all or portions of all sections Form must be submitted to USAC and filed with the Federal Communications Commission

# IMPORTANT: PLEASE READ INSTRUCTIONS FIRST

Deadline: January 31<sup>st</sup> (Annually)

143030103

Service Provider Identification Number (SPIN)

2016	FL	TracFone Wireless Inc.
Recertification Year	State	ETC Name
SafeLink Wireless		TracFone Wireless Inc
DBA, Marketing, or Ot (If same as ETC name, list "No	ther Branding Name /A" Do <u>not</u> leave blank)	Holding Company Name (If same as ETC name, list "N/A" Do not leave blank)
Does the reporting comp	any have affiliated ETCs?	Yes No O
determined in accordance with S	Section 3(2) of the Communications	, using page 4 and additional sheets if necessary. Affiliation shall be Act. That Section defines "affiliate" as "a person that (directly or indirectly) wnership or control with, another person." 47 U.S.C. § 153(2). See also 47
Affiliated ETC's SAC		Affiliated ETC's Name
		of a position listed in the article of incorporation, articles of
laws (or partnership agreen comptroller, treasurer, or a	ment), and would typically be comparable position. If the fi	is a person who occupies a position specified in the corporate by- president, vice president for operations, vice president for finance ler is a sole proprietorship, the owner must sign the certification.
laws (or partnership agreen comptroller, treasurer, or a Section 1: Initial Cer	ment), and would typically be comparable position. If the fi	is a person who occupies a position specified in the corporate by- president, vice president for operations, vice president for finance ler is a sole proprietorship, the owner must sign the certification.
laws (or partnership agreen comptroller, treasurer, or a Section 1: Initial Cer	ment), and would typically be comparable position. If the fi	is a person who occupies a position specified in the corporate by president, vice president for operations, vice president for finance ler is a sole proprietorship, the owner must sign the certification.
laws (or partnership agreent comptroller, treasurer, or a Section 1: Initial Certain Initial I	ment), and would typically be comparable position. If the firetification All ETCs must complete isted above has certification program-based eligibility docume knowledge, the company w	is a person who occupies a position specified in the corporate by president, vice president for operations, vice president for finance ler is a sole proprietorship, the owner must sign the certification.
laws (or partnership agreent comptroller, treasurer, or a Section 1: Initial Certain Initial Initial Certain Initial Certain Initial Certain Initial Initial Certain Initial I	rtification All ETCs must complete isted above has certification program-based eligibility docume knowledge, the company we based eligibility prior to his o	is a person who occupies a position specified in the corporate by president, vice president for operations, vice president for finance ler is a sole proprietorship, the owner must sign the certification.  * this section*  * cocedures in place to:  * entation prior to enrolling a consumer in the Lifeline program, and as presented with documentation of each consumer's household reproprietorship, the owner must sign the certification.
laws (or partnership agreent comptroller, treasurer, or a section 1: Initial Certain Initial C	ment), and would typically be comparable position. If the first tification All ETCs must complete isted above has certification program-based eligibility docume knowledge, the company webased eligibility prior to his origibility by relying upon acception to enrolling a consumer in	is a person who occupies a position specified in the corporate by- president, vice president for operations, vice president for finance ler is a sole proprietorship, the owner must sign the certification.  *this section  cocedures in place to: entation prior to enrolling a consumer in the Lifeline program, and has presented with documentation of each consumer's household her enrollment in Lifeline; and/or  ss to a state database and/or notice of eligibility from the state
laws (or partnership agreent comptroller, treasurer, or a section 1: Initial Certain Initial C	ment), and would typically be comparable position. If the first tification All ETCs must complete isted above has certification program-based eligibility docume knowledge, the company webased eligibility prior to his origibility by relying upon acception to enrolling a consumer in	is a person who occupies a position specified in the corporate by- president, vice president for operations, vice president for finance ler is a sole proprietorship, the owner must sign the certification.  this section  rocedures in place to: entation prior to enrolling a consumer in the Lifeline program, and has presented with documentation of each consumer's household her her enrollment in Lifeline; and/or  ss to a state database and/or notice of eligibility from the state her the Lifeline program.

Do not leave empty blocks. If an ETC has nothing to report in a block, enter a zero.

A	В	C	D	$\mathbf{E} = (\mathbf{A} - \mathbf{B} - \mathbf{C} - \mathbf{D})$
Number of subscribers claimed on February FCC Form 497 of current Form 555 calendar year (February data month)	Number of lines claimed on February FCC Form 497 of current Form 555 calendar year provided to wireline resellers	Number of subscribers claimed on the February FCC Form 497 that were initially enrolled in the current Form 555 calendar year  (These subscribers did not have Lifeline service prior to January 1 of the current 555 calendar year.)	Number of subscribers de-enrolled <u>prior</u> to recertification attempt by either the ETC, a state administrator, access to an eligibility database, or by USAC	Number of subscribers ETC is responsible for recertifying for current Form 555 calendar year
426216	0	18466	158349	249401

#### **Recertification Results:**

F	G	$\mathbf{H} = (\mathbf{F} \cdot \mathbf{G})$	I	$\mathbf{J} = (\mathbf{H} + \mathbf{I})$
Number of subscribers ETC contacted directly to recertify eligibility through attestation	Number of subscribers responding to ETC contact	Number of non- responding subscribers	Number of subscribers responding that they are no longer eligible  (This should be a subset of Block G.)	Number of subscribers de- enrolled or scheduled to be de-enrolled as a result of non-response or response of ineligibility from ETC recertification attempt
168144	167069	1075	0	1075

K	L
Number of subscribers whose eligibility was reviewed by state administrator, ETC access to eligibility database, or by USAC	Number of subscribers de-enrolled or scheduled to be de-enrolled as a result of finding of ineligibility by state administrator, ETC access to eligibility database, or USAC
81257	26442

**Note:** If any subscriber was reviewed by an ETC accessing a state database or by a state administrator and subsequently contacted directly by the ETC in an attempt to recertify eligibility, those subscribers should be listed in Blocks F through J as appropriate and not in Blocks K and L. As a result, all subscribers subject to recertification who were not de-enrolled prior to the recertification attempt must be accounted for in Block F or Block K.

The total of Block F and Block K should equal the number reported in Block E.

## **Certification:**

Based on the data entered above, initial the certification(s) below that apply. Both Certification A and B may apply depending on the recertification procedures in place for the SAC reporting on this form. If Certification C applies, neither Certification A nor B may apply.

A) I certify that the company listed above has procedures in place to recertify the continued eligibility of all of its Lifeline subscribers, and that, to the best of my knowledge, the company obtained signed certifications from all subscribers attesting to their continuing eligibility for Lifeline. Results are provided in the chart above in Blocks F through J. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.

Initial JR

#### AND/OR

B)	I certify that the company listed above has procedures in place to recertify consumer eligibility by relying on:
	MEDICAID. SNAP. SSI. TANF. INCOME . (List database or name of administrator here) Results
	are provided in the chart above in Blocks K through L. I am an officer of the company named above. I am
	authorized to make this certification for the SAC listed above.
	Initial JR

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Using the data entered in Section 2, complete the chart below to find the percentage of subscribers de-enrolled for this ETC.

$\mathbf{M} = (\mathbf{F} + \mathbf{K})$	$\mathbf{N} = (\mathbf{J} + \mathbf{L})$	$\mathbf{O} = ((\mathbf{N} \div \mathbf{M}) * 100)$
Number of subscribers that the ETC attempted to recertify directly or through a state administrator, ETC access to a state database, or by USAC (This should equal the number reported in Block E)	Number of subscribers de-enrolled or scheduled to be de- enrolled as a result of non-response or ineligibility	Percentage of subscribers de-enrolled or scheduled to be de-enrolled as a result of ineligibility or non-response
249401	27517	11.03%

## **Section 4:** ETCs Subject to the Non-Usage Requirements

All ETCs must complete the appropriate check-box. ETCs that do not assess and collect a monthly fee from their Lifeline subscribers are subject to the non-usage requirements. ETCs subject to the non-usage requirements must indicate the number of subscribers de-enrolled by month in Section 4. ETCs that only assess a fee but do not collect such fees are subject to the non-usage requirements and must also indicate the number of subscribers de-enrolled by month.

## Is the ETC subject to the non-usage requirements?

Yes 🗿

No O

If yes, record the number of subscribers de-enrolled for non-usage by month in Block Q below.

P	Q
Month	Subscribers De-Enrolled for Non-Usage
January	8435
February	14766
March	25887
April	8982
May	11780
June	10227
July	10687
August	11870
September	12994
October	11219
November	12442
December	13527
Total Subscribers	152816

# Signature Block

	Javier Rosado Sr. Off. ABU
Signed,	
Certified Online	
Signature of Officer	Printed Name and Title of Officer
jrosado@tracfone.com	01/31/2017
Email Address of Officer	Date
Janet Morejon	305-715-6522
Person Completing This Certification Form	Contact Phone Number

229010

Study Area Code (SAC)

## **Annual Lifeline Eligible Telecommunications Carrier Certification Form**

All carriers must complete all or portions of all sections Form must be submitted to USAC and filed with the Federal Communications Commission

# IMPORTANT: PLEASE READ INSTRUCTIONS FIRST

Deadline: January 31<sup>st</sup> (Annually)

(An Eligible Telecommunications Carrier (ETC) must provide a certification form for each SAC through which it provides Lifeline service).

143030103

Service Provider Identification Number (SPIN)

2016	GA	TracFone Wireless Inc.		
Recertification Ye	ear State	ETC Name		
SafeLink Wireless		TracFone Wireless Inc		
DBA, Marketing, (If same as ETC name, i	or Other Branding Name list "N/A" Do not leave blank)	Holding Company Name (If same as ETC name, list "N/A" Do not leave blank)		
Does the reporting c	company have affiliated ETCs?	Yes No O		
determined in accordance	with Section 3(2) of the Communications	using page 4 and additional sheets if necessary. Affiliation shall be Act. That Section defines "affiliate" as "a person that (directly or indirectly) wnership or control with, another person." 47 U.S.C. § 153(2). See also 47		
Affiliated ETC's SAC	1	Affiliated ETC's Name		
laws (or partnership a comptroller, treasurer,	greement), and would typically be	is a person who occupies a position specified in the corporate by president, vice president for operations, vice president for finance ler is a sole proprietorship, the owner must sign the certification.  this section		
	any listed above has certification pr			
that, to the best o		entation prior to enrolling a consumer in the Lifeline program, and as presented with documentation of each consumer's household ther enrollment in Lifeline; and/or		
	r eligibility by relying upon accestor prior to enrolling a consumer in	ss to a state database and/or notice of eligibility from the state the Lifeline program.		
I am an officer of the above.	e company named above. I am auth	norized to make this certification for the Study Area Code listed		
Initial JR				

Do not leave empty blocks. If an ETC has nothing to report in a block, enter a zero.

A	В	С	D	$\mathbf{E} = (\mathbf{A} - \mathbf{B} - \mathbf{C} - \mathbf{D})$
Number of subscribers claimed on February FCC Form 497 of current Form 555 calendar year (February data month)	Number of lines claimed on February FCC Form 497 of current Form 555 calendar year provided to wireline resellers	Number of subscribers claimed on the February FCC Form 497 that were initially enrolled in the current Form 555 calendar year  (These subscribers did not have Lifeline service prior to January 1 of the current 555 calendar year.)	Number of subscribers de-enrolled <u>prior</u> to recertification attempt by either the ETC, a state administrator, access to an eligibility database, or by USAC	Number of subscribers ETC is responsible for recertifying for current Form 555 calendar year
222479	0	12216	87084	123179

#### **Recertification Results:**

F	G	$\mathbf{H} = (\mathbf{F} - \mathbf{G})$	I	$\mathbf{J} = (\mathbf{H} + \mathbf{I})$
Number of subscribers ETC contacted directly to recertify eligibility through attestation	Number of subscribers responding to ETC contact	Number of non- responding subscribers	Number of subscribers responding that they are no longer eligible  (This should be a subset of Block G.)	Number of subscribers de- enrolled or scheduled to be de-enrolled as a result of non-response or response of ineligibility from ETC recertification attempt
84712	83868	844	0	844

K	L
Number of subscribers whose eligibility was reviewed by state administrator, ETC access to eligibility database, or by USAC	Number of subscribers de-enrolled or scheduled to be de-enrolled as a result of finding of ineligibility by state administrator, ETC access to eligibility database, or USAC
38467	12556

**Note:** If any subscriber was reviewed by an ETC accessing a state database or by a state administrator and subsequently contacted directly by the ETC in an attempt to recertify eligibility, those subscribers should be listed in Blocks F through J as appropriate and not in Blocks K and L. As a result, all subscribers subject to recertification who were not de-enrolled prior to the recertification attempt must be accounted for in Block F or Block K.

The total of Block F and Block K should equal the number reported in Block E.

## **Certification:**

Based on the data entered above, initial the certification(s) below that apply. Both Certification A and B may apply depending on the recertification procedures in place for the SAC reporting on this form. If Certification C applies, neither Certification A nor B may apply.

A) I certify that the company listed above has procedures in place to recertify the continued eligibility of all of its Lifeline subscribers, and that, to the best of my knowledge, the company obtained signed certifications from all subscribers attesting to their continuing eligibility for Lifeline. Results are provided in the chart above in Blocks F through J. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.

Initial JR

#### AND/OR

B)	) I certify that the company listed above has procedures in place to rece	ertify consumer eligibility by relying on:
	MEDICAID, SNAP, TANF	. (List database or name of administrator here) Results
	are provided in the chart above in Blocks K through L. I am at	n officer of the company named above. I am
	authorized to make this certification for the SAC listed above.	
	Initial <u>JR</u>	

OR

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Ini	tial	
	иш	

Using the data entered in Section 2, complete the chart below to find the percentage of subscribers de-enrolled for this ETC.

$\mathbf{M} = (\mathbf{F} + \mathbf{K})$	$\mathbf{N} = (\mathbf{J} + \mathbf{L})$	$\mathbf{O} = ((\mathbf{N} \div \mathbf{M}) * 100)$
Number of subscribers that the ETC attempted to recertify directly or through a state administrator, ETC access to a state database, or by USAC (This should equal the number reported in Block E)	Number of subscribers de-enrolled or scheduled to be de- enrolled as a result of non-response or ineligibility	Percentage of subscribers de-enrolled or scheduled to be de-enrolled as a result of ineligibility or non-response
123179	13400	10.88%

## **Section 4:** ETCs Subject to the Non-Usage Requirements

All ETCs must complete the appropriate check-box. ETCs that do not assess and collect a monthly fee from their Lifeline subscribers are subject to the non-usage requirements. ETCs subject to the non-usage requirements must indicate the number of subscribers de-enrolled by month in Section 4. ETCs that only assess a fee but do not collect such fees are subject to the non-usage requirements and must also indicate the number of subscribers de-enrolled by month.

## Is the ETC subject to the non-usage requirements?

Yes 🗿

No O

If yes, record the number of subscribers de-enrolled for non-usage by month in Block Q below.

P	Q
Month	Subscribers De-Enrolled for Non-Usage
January	6618
February	6651
March	8573
April	5890
May	7881
June	6058
July	6148
August	5911
September	6255
October	4740
November	5009
December	5750
Total Subscribers	75484

# Signature Block

	Javier Rosado Sr. Off. ABU
Signed,	
Certified Online	
Signature of Officer	Printed Name and Title of Officer
jrosado@tracfone.com	01/31/2017
Email Address of Officer	Date
Janet Morejon	305-715-6522
Person Completing This Certification Form	Contact Phone Number
reison Completing This Certification Form	Contact Fhone Number

629005

Study Area Code (SAC)

## **Annual Lifeline Eligible Telecommunications Carrier Certification Form**

All carriers must complete all or portions of all sections Form must be submitted to USAC and filed with the Federal Communications Commission

# IMPORTANT: PLEASE READ INSTRUCTIONS FIRST

Deadline: January 31<sup>st</sup> (Annually)

(An Eligible Telecommunications Carrier (ETC) must provide a certification form for each SAC through which it provides Lifeline service).

143030103

Service Provider Identification Number (SPIN)

2016	HI	TracFone Wireless Inc.
Recertification Year	State	ETC Name
SafeLink Wireless		TracFone Wireless Inc
DBA, Marketing, or (If same as ETC name, list	Other Branding Name "N/A" Do <u>not</u> leave blank)	Holding Company Name (If same as ETC name, list "N/A" Do not leave blank)
Does the reporting con	npany have affiliated ETCs?	Yes No O
determined in accordance with	th Section 3(2) of the Communications	using page 4 and additional sheets if necessary. Affiliation shall be Act. That Section defines "affiliate" as "a person that (directly or indirectly) wnership or control with, another person." 47 U.S.C. § 153(2). See also 47
Affiliated ETC's SAC		Affiliated ETC's Name
laws (or partnership agree comptroller, treasurer, or	ement), and would typically be	is a person who occupies a position specified in the corporate by president, vice president for operations, vice president for finance ler is a sole proprietorship, the owner must sign the certification.  this section
· · · · · · · · · · · · · · · · · · ·	y listed above has certification pr	
that, to the best of r	ny knowledge, the company w	entation prior to enrolling a consumer in the Lifeline program, and as presented with documentation of each consumer's household ther enrollment in Lifeline; and/or
	ligibility by relying upon access prior to enrolling a consumer in	ss to a state database and/or notice of eligibility from the state the Lifeline program.
I am an officer of the coabove.	ompany named above. I am auth	norized to make this certification for the Study Area Code listed
Initial		

Do not leave empty blocks. If an ETC has nothing to report in a block, enter a zero.

A	В	C	D	$\mathbf{E} = (\mathbf{A} - \mathbf{B} - \mathbf{C} - \mathbf{D})$
Number of subscribers claimed on February FCC Form 497 of current Form 555 calendar year (February data month)	Number of lines claimed on February FCC Form 497 of current Form 555 calendar year provided to wireline resellers	Number of subscribers claimed on the February FCC Form 497 that were initially enrolled in the current Form 555 calendar year  (These subscribers did not have Lifeline service prior to January 1 of the current 555 calendar year.)	Number of subscribers de-enrolled <u>prior</u> to recertification attempt by either the ETC, a state administrator, access to an eligibility database, or by USAC	Number of subscribers ETC is responsible for recertifying for current Form 555 calendar year
1870	0	119	671	1080

#### **Recertification Results:**

F	G	$\mathbf{H} = (\mathbf{F} \cdot \mathbf{G})$	I	$\mathbf{J} = (\mathbf{H} + \mathbf{I})$
Number of subscribers ETC contacted directly to recertify eligibility through attestation	Number of subscribers responding to ETC contact	Number of non- responding subscribers	Number of subscribers responding that they are no longer eligible  (This should be a subset of Block G.)	Number of subscribers de- enrolled or scheduled to be de-enrolled as a result of non-response or response of ineligibility from ETC recertification attempt
1080	829	251	0	251

K	L
Number of subscribers whose eligibility was reviewed by state administrator, ETC access to eligibility database, or by USAC	Number of subscribers de-enrolled or scheduled to be de-enrolled as a result of finding of ineligibility by state administrator, ETC access to eligibility database, or USAC
0	0

**Note:** If any subscriber was reviewed by an ETC accessing a state database or by a state administrator and subsequently contacted directly by the ETC in an attempt to recertify eligibility, those subscribers should be listed in Blocks F through J as appropriate and not in Blocks K and L. As a result, all subscribers subject to recertification who were not de-enrolled prior to the recertification attempt must be accounted for in Block F or Block K.

The total of Block F and Block K should equal the number reported in Block E.

## **Certification:**

Based on the data entered above, initial the certification(s) below that apply. Both Certification A and B may apply depending on the recertification procedures in place for the SAC reporting on this form. If Certification C applies, neither Certification A nor B may apply.

A) I certify that the company listed above has procedures in place to recertify the continued eligibility of all of its Lifeline subscribers, and that, to the best of my knowledge, the company obtained signed certifications from all subscribers attesting to their continuing eligibility for Lifeline. Results are provided in the chart above in Blocks F through J. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.

Initial JR

#### AND/OR

B)	I certify that the company listed above has procedures in place to recertify consumer eligibility by relying on:
	(List database or name of administrator here) Results
	are provided in the chart above in Blocks K through L. I am an officer of the company named above. I am
	authorized to make this certification for the SAC listed above.
	Initial ———

C) I certify that my company did not claim federal low income support for any Lifeline subscribers for the February Form 497 data month for the current Form 555 calendar year. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.

OR

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111	пиаі	

Using the data entered in Section 2, complete the chart below to find the percentage of subscribers de-enrolled for this ETC.

$\mathbf{M} = (\mathbf{F} + \mathbf{K})$	$\mathbf{N} = (\mathbf{J} + \mathbf{L})$	$\mathbf{O} = ((\mathbf{N} \div \mathbf{M}) * 100)$
Number of subscribers that the ETC attempted to recertify directly or through a state administrator, ETC access to a state database, or by USAC (This should equal the number reported in Block E)	Number of subscribers de-enrolled or scheduled to be de- enrolled as a result of non-response or ineligibility	Percentage of subscribers de-enrolled or scheduled to be de-enrolled as a result of ineligibility or non-response
1080	251	23.24%

## **Section 4:** ETCs Subject to the Non-Usage Requirements

All ETCs must complete the appropriate check-box. ETCs that do not assess and collect a monthly fee from their Lifeline subscribers are subject to the non-usage requirements. ETCs subject to the non-usage requirements must indicate the number of subscribers de-enrolled by month in Section 4. ETCs that only assess a fee but do not collect such fees are subject to the non-usage requirements and must also indicate the number of subscribers de-enrolled by month.

## Is the ETC subject to the non-usage requirements?

Yes 🗿

No O

If yes, record the number of subscribers de-enrolled for non-usage by month in Block Q below.

P	Q
Month	Subscribers De-Enrolled for Non-Usage
January	63
February	51
March	45
April	44
May	63
June	56
July	69
August	59
September	62
October	85
November	80
December	100
Total Subscribers	777

# Signature Block

	Javier Rosado Sr. Off. ABU
Signed,	
Certified Online	
Signature of Officer	Printed Name and Title of Officer
jrosado@tracfone.com	01/31/2017
Email Address of Officer	Date
Janet Morejon	305-715-6522
Person Completing This Certification Form	Contact Phone Number

359127

# **Annual Lifeline Eligible Telecommunications Carrier Certification Form**

All carriers must complete all or portions of all sections Form must be submitted to USAC and filed with the Federal Communications Commission

# IMPORTANT: PLEASE READ INSTRUCTIONS FIRST

Deadline: January 31<sup>st</sup> (Annually)

143030103

Study Area Code (SAC) (An Eligible Telecommunications Carrier (ETC) must provide a co		Service Provider Identification Number (SPIN) certification form for <b>each SAC</b> through which it provides Lifeline service).		
2016	IA	TracFone Wireless Inc.		
Recertification Yea	state State	ETC Name		
SafeLink Wireles	S	TracFone Wireless Inc		
DBA, Marketing, o (If same as ETC name, lis	r Other Branding Name st "N/A" Do <u>not</u> leave blank)	Holding Company Name (If same as ETC name, list "N/A" Do not leave blank)		
Provide a list of all ETCs the determined in accordance w	with Section 3(2) of the Communication	Yes No No Sc., using page 4 and additional sheets if necessary. Affiliation shall be s Act. That Section defines "affiliate" as "a person that (directly or indirectly) wnership or control with, another person." 47 U.S.C. § 153(2). See also 47		
Affiliated ETC's SAC		Affiliated ETC's Name		
		Thinking DTC 81 table		
formation, or other sim laws (or partnership ag comptroller, treasurer, o	nilar legal document. An officer reement), and would typically be or a comparable position. If the f	t of a position listed in the article of incorporation, articles of is a person who occupies a position specified in the corporate by president, vice president for operations, vice president for finance iller is a sole proprietorship, the owner must sign the certification.		
	Certification All ETCs must complet			
I certify that the compa	ny listed above has certification p	rocedures in place to:		
that, to the best of	my knowledge, the company v	entation prior to enrolling a consumer in the Lifeline program, and was presented with documentation of each consumer's household or her enrollment in Lifeline; and/or		
	eligibility by relying upon acce or prior to enrolling a consumer in	ess to a state database and/or notice of eligibility from the state in the Lifeline program.		
I am an officer of the above.	company named above. I am aut	chorized to make this certification for the Study Area Code listed		
Initial				

Do not leave empty blocks. If an ETC has nothing to report in a block, enter a zero.

A	В	C	D	$\mathbf{E} = (\mathbf{A} - \mathbf{B} - \mathbf{C} - \mathbf{D})$
Number of subscribers claimed on February FCC Form 497 of current Form 555 calendar year (February data month)	Number of lines claimed on February FCC Form 497 of current Form 555 calendar year provided to wireline resellers	Number of subscribers claimed on the February FCC Form 497 that were initially enrolled in the current Form 555 calendar year  (These subscribers did not have Lifeline service prior to January 1 of the current 555 calendar year.)	Number of subscribers de-enrolled <u>prior</u> to recertification attempt by either the ETC, a state administrator, access to an eligibility database, or by USAC	Number of subscribers ETC is responsible for recertifying for current Form 555 calendar year
15890	0	1061	5234	9595

#### **Recertification Results:**

F	G	$\mathbf{H} = (\mathbf{F} \cdot \mathbf{G})$	I	$\mathbf{J} = (\mathbf{H} + \mathbf{I})$
Number of subscribers ETC contacted directly to recertify eligibility through attestation	Number of subscribers responding to ETC contact	Number of non- responding subscribers	Number of subscribers responding that they are no longer eligible  (This should be a subset of Block G.)	Number of subscribers de- enrolled or scheduled to be de-enrolled as a result of non-response or response of ineligibility from ETC recertification attempt
7097	7089	8	0	8

K	L
Number of subscribers whose eligibility was reviewed by state administrator, ETC access to eligibility database, or by USAC	Number of subscribers de-enrolled or scheduled to be de-enrolled as a result of finding of ineligibility by state administrator, ETC access to eligibility database, or USAC
2498	849

**Note:** If any subscriber was reviewed by an ETC accessing a state database or by a state administrator and subsequently contacted directly by the ETC in an attempt to recertify eligibility, those subscribers should be listed in Blocks F through J as appropriate and not in Blocks K and L. As a result, all subscribers subject to recertification who were not de-enrolled prior to the recertification attempt must be accounted for in Block F or Block K.

The total of Block F and Block K should equal the number reported in Block E.

## **Certification:**

Based on the data entered above, initial the certification(s) below that apply. Both Certification A and B may apply depending on the recertification procedures in place for the SAC reporting on this form. If Certification C applies, neither Certification A nor B may apply.

A) I certify that the company listed above has procedures in place to recertify the continued eligibility of all of its Lifeline subscribers, and that, to the best of my knowledge, the company obtained signed certifications from all subscribers attesting to their continuing eligibility for Lifeline. Results are provided in the chart above in Blocks F through J. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.

Initial JR

#### AND/OR

B)	I certify that the company listed above has procedures in place to recertify consumer eligibility by relying on:				
	MEDICAID. TANF . (List database or name of administrator here) Results				
	are provided in the chart above in Blocks K through L. I am an officer of the company named above. I am				
	authorized to make this certification for the SAC listed above.				
	Initial JR				

OR

T *4 * T	
Initial	
umuai	

Using the data entered in Section 2, complete the chart below to find the percentage of subscribers de-enrolled for this ETC.

$\mathbf{M} = (\mathbf{F} + \mathbf{K})$	N = (J+L)	$O = ((N \div M) * 100)$
Number of subscribers that the ETC attempted to recertify directly or through a state administrator, ETC access to a state database, or by USAC (This should equal the number reported in Block E)	Number of subscribers de-enrolled or scheduled to be de- enrolled as a result of non-response or ineligibility	Percentage of subscribers de-enrolled or scheduled to be de-enrolled as a result of ineligibility or non-response
9595	857	8.93%

## **Section 4:** ETCs Subject to the Non-Usage Requirements

All ETCs must complete the appropriate check-box. ETCs that do not assess and collect a monthly fee from their Lifeline subscribers are subject to the non-usage requirements. ETCs subject to the non-usage requirements must indicate the number of subscribers de-enrolled by month in Section 4. ETCs that only assess a fee but do not collect such fees are subject to the non-usage requirements and must also indicate the number of subscribers de-enrolled by month.

#### Is the ETC subject to the non-usage requirements?

Yes 🗿

No O

If yes, record the number of subscribers de-enrolled for non-usage by month in Block Q below.

P	Q
Month	Subscribers De-Enrolled for Non-Usage
January	465
February	365
March	347
April	273
May	422
June	349
July	373
August	439
September	722
October	903
November	1234
December	1549
Total Subscribers	7441

## Signature Block

By signing below, I certify that the company listed above is in compliance with all federal Lifeline certification procedures. I am an officer of the company named above. I am authorized to make this certification for the Study Area Code (SAC) listed above.

Signed,

Certified Online
Signature of Officer
jrosado@tracfone.com
Email Address of Officer
Janet Morejon
Person Completing This Certification Form

Javier Rosado Sr. Off. ABU

Printed Name and Title of Officer
01/31/2017
Date
305-715-6522
Contact Phone Number

479021

Study Area Code (SAC)

# **Annual Lifeline Eligible Telecommunications Carrier Certification Form**

All carriers must complete all or portions of all sections Form must be submitted to USAC and filed with the Federal Communications Commission

# IMPORTANT: PLEASE READ INSTRUCTIONS FIRST

Deadline: January 31<sup>st</sup> (Annually)

143030103

Service Provider Identification Number (SPIN)

	ons Carrier (ETC) must provide a	certification form for each SAC through which it provides Lifeline service).
2016	ID	TracFone Wireless Inc.
Recertification Year	State	ETC Name
SafeLink Wireless		TracFone Wireless Inc
DBA, Marketing, or Oth (If same as ETC name, list "N/A	ner Branding Name A" Do <u>not</u> leave blank)	Holding Company Name (If same as ETC name, list "N/A" Do not leave blank)
Does the reporting compa	nny have affiliated ETCs?	Yes No O
determined in accordance with So	ection 3(2) of the Communications	C, using page 4 and additional sheets if necessary. Affiliation shall be s Act. That Section defines "affiliate" as "a person that (directly or indirectly) wnership or control with, another person." 47 U.S.C. § 153(2). See also 47
Affiliated ETC's SAC		Affiliated ETC's Name
formation, or other similar laws (or partnership agreem	legal document. An officer ent), and would typically be	t of a position listed in the article of incorporation, articles o is a person who occupies a position specified in the corporate by president, vice president for operations, vice president for finance iller is a sole proprietorship, the owner must sign the certification.
Section 1: Initial Cert	tification All ETCs must complete	e this section
I certify that the company lis	sted above has certification p	rocedures in place to:
that, to the best of my	knowledge, the company w	entation prior to enrolling a consumer in the Lifeline program, and was presented with documentation of each consumer's household or her enrollment in Lifeline; and/or
	ibility by relying upon acce	ess to a state database and/or notice of eligibility from the state in the Lifeline program.
I am an officer of the compabove.	pany named above. I am aut	horized to make this certification for the Study Area Code listed
Initial		

Do not leave empty blocks. If an ETC has nothing to report in a block, enter a zero.

A	В	C	D	$\mathbf{E} = (\mathbf{A} - \mathbf{B} - \mathbf{C} - \mathbf{D})$
Number of subscribers claimed on February FCC Form 497 of current Form 555 calendar year (February data month)	Number of lines claimed on February FCC Form 497 of current Form 555 calendar year provided to wireline resellers	Number of subscribers claimed on the February FCC Form 497 that were initially enrolled in the current Form 555 calendar year  (These subscribers did not have Lifeline service prior to January 1 of the current 555 calendar year.)	Number of subscribers de-enrolled <u>prior</u> to recertification attempt by either the ETC, a state administrator, access to an eligibility database, or by USAC	Number of subscribers ETC is responsible for recertifying for current Form 555 calendar year
0	0	0	0	0

#### **Recertification Results:**

F	G	$\mathbf{H} = (\mathbf{F} \cdot \mathbf{G})$	I	$\mathbf{J} = (\mathbf{H} + \mathbf{I})$
Number of subscribers ETC contacted directly to recertify eligibility through attestation	Number of subscribers responding to ETC contact	Number of non- responding subscribers	Number of subscribers responding that they are no longer eligible  (This should be a subset of Block G.)	Number of subscribers de- enrolled or scheduled to be de-enrolled as a result of non-response or response of ineligibility from ETC recertification attempt
0	0	0	0	0

K	L
Number of subscribers whose eligibility was reviewed by state administrator, ETC access to eligibility database, or by USAC	Number of subscribers de-enrolled or scheduled to be de-enrolled as a result of finding of ineligibility by state administrator, ETC access to eligibility database, or USAC
0	0

**Note:** If any subscriber was reviewed by an ETC accessing a state database or by a state administrator and subsequently contacted directly by the ETC in an attempt to recertify eligibility, those subscribers should be listed in Blocks F through J as appropriate and not in Blocks K and L. As a result, all subscribers subject to recertification who were not de-enrolled prior to the recertification attempt must be accounted for in Block F or Block K.

The total of Block F and Block K should equal the number reported in Block E.

## **Certification:**

Initial \_\_\_\_

Based on the data entered above, initial the certification(s) below that apply. Both Certification A and B may apply depending on the recertification procedures in place for the SAC reporting on this form. If Certification C applies, neither Certification A nor B may apply.

A) I certify that the company listed above has procedures in place to recertify the continued eligibility of all of its Lifeline subscribers, and that, to the best of my knowledge, the company obtained signed certifications from all subscribers attesting to their continuing eligibility for Lifeline. Results are provided in the chart above in Blocks F through J. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.

	/O	

B)	I certify that the company listed above has procedures in place to recertify consumer eligibility by relying on:		
	(List database or name of administrator here) Results		
	are provided in the chart above in Blocks K through L. I am an officer of the company named above. I am		
	authorized to make this certification for the SAC listed above.		
	Initial ———		

C) I certify that my company did not claim federal low income support for any Lifeline subscribers for the February Form 497 data month for the current Form 555 calendar year. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.

OR

Initial JR

Using the data entered in Section 2, complete the chart below to find the percentage of subscribers de-enrolled for this ETC.

$\mathbf{M} = (\mathbf{F} + \mathbf{K})$	N = (J+L)	$O = ((N \div M) * 100)$
Number of subscribers that the ETC attempted to recertify directly or through a state administrator, ETC access to a state database, or by USAC (This should equal the number reported in Block E)	Number of subscribers de-enrolled or scheduled to be de- enrolled as a result of non-response or ineligibility	Percentage of subscribers de-enrolled or scheduled to be de-enrolled as a result of ineligibility or non-response
0	0	0.0%

## **Section 4:** ETCs Subject to the Non-Usage Requirements

All ETCs must complete the appropriate check-box. ETCs that do not assess and collect a monthly fee from their Lifeline subscribers are subject to the non-usage requirements. ETCs subject to the non-usage requirements must indicate the number of subscribers de-enrolled by month in Section 4. ETCs that only assess a fee but do not collect such fees are subject to the non-usage requirements and must also indicate the number of subscribers de-enrolled by month.

## Is the ETC subject to the non-usage requirements?

Yes 🗿

No O

If yes, record the number of subscribers de-enrolled for non-usage by month in Block Q below.

P	Q
Month	Subscribers De-Enrolled for Non-Usage
January	0
February	0
March	0
April	0
May	0
June	0
July	0
August	0
September	0
October	0
November	0
December	0
Total Subscribers	0

# Signature Block

Javier Rosado Sr. Off. AB	U
Printed Name and Title of Officer	
01/31/2017	
Date	
305-715-6522	
ion Form Contact Phone Number	
01/31/2017 Date 305-715-6522	

349021

# **Annual Lifeline Eligible Telecommunications Carrier Certification Form**

All carriers must complete all or portions of all sections Form must be submitted to USAC and filed with the Federal Communications Commission

# IMPORTANT: PLEASE READ INSTRUCTIONS FIRST

Deadline: January 31<sup>st</sup> (Annually)

143030103

Study Area Code (SA (An Eligible Telecommunic	·	Service Provider Identification Number (SPIN) ertification form for each SAC through which it provides Lifeline service).
2016	IL	TracFone Wireless Inc.
Recertification Year	State	ETC Name
SafeLink Wireless		TracFone Wireless Inc
DBA, Marketing, or (If same as ETC name, list	Other Branding Name N/A" Do <u>not</u> leave blank)	Holding Company Name (If same as ETC name, list "N/A" Do not leave blank)
Provide a list of all ETCs that determined in accordance with	h Section 3(2) of the Communications .	Yes No
Affiliated ETC's SAC		Affiliated ETC's Name
formation, or other similal laws (or partnership agre comptroller, treasurer, or	ar legal document. An officer is ement), and would typically be p	of a position listed in the article of incorporation, articles of a person who occupies a position specified in the corporate by president, vice president for operations, vice president for finance er is a sole proprietorship, the owner must sign the certification.
<u> </u>	listed above has certification pro	
A) Review income and p that, to the best of n	rogram-based eligibility docume ny knowledge, the company wa	ntation prior to enrolling a consumer in the Lifeline program, and as presented with documentation of each consumer's household her enrollment in Lifeline; and/or
	ligibility by relying upon access prior to enrolling a consumer in	s to a state database and/or notice of eligibility from the state the Lifeline program.
I am an officer of the coabove.	empany named above. I am auth	orized to make this certification for the Study Area Code listed
Initial		

Do not leave empty blocks. If an ETC has nothing to report in a block, enter a zero.

A	В	C	D	$\mathbf{E} = (\mathbf{A} - \mathbf{B} - \mathbf{C} - \mathbf{D})$
Number of subscribers claimed on February FCC Form 497 of current Form 555 calendar year (February data month)	Number of lines claimed on February FCC Form 497 of current Form 555 calendar year provided to wireline resellers	Number of subscribers claimed on the February FCC Form 497 that were initially enrolled in the current Form 555 calendar year  (These subscribers did not have Lifeline service prior to January 1 of the current 555 calendar year.)	Number of subscribers de-enrolled <u>prior</u> to recertification attempt by either the ETC, a state administrator, access to an eligibility database, or by USAC	Number of subscribers ETC is responsible for recertifying for current Form 555 calendar year
252298	0	16618	89088	146592

#### **Recertification Results:**

F	G	$\mathbf{H} = (\mathbf{F} - \mathbf{G})$	I	$\mathbf{J} = (\mathbf{H} + \mathbf{I})$
Number of subscribers ETC contacted directly to recertify eligibility through attestation	Number of subscribers responding to ETC contact	Number of non- responding subscribers	Number of subscribers responding that they are no longer eligible  (This should be a subset of Block G.)	Number of subscribers de- enrolled or scheduled to be de-enrolled as a result of non-response or response of ineligibility from ETC recertification attempt
109333	109323	10	0	10

K	L
Number of subscribers whose eligibility was reviewed by state administrator, ETC access to eligibility database, or by USAC	Number of subscribers de-enrolled or scheduled to be de-enrolled as a result of finding of ineligibility by state administrator, ETC access to eligibility database, or USAC
37259	7972

**Note:** If any subscriber was reviewed by an ETC accessing a state database or by a state administrator and subsequently contacted directly by the ETC in an attempt to recertify eligibility, those subscribers should be listed in Blocks F through J as appropriate and not in Blocks K and L. As a result, all subscribers subject to recertification who were not de-enrolled prior to the recertification attempt must be accounted for in Block F or Block K.

The total of Block F and Block K should equal the number reported in Block E.

## **Certification:**

Based on the data entered above, initial the certification(s) below that apply. Both Certification A and B may apply depending on the recertification procedures in place for the SAC reporting on this form. If Certification C applies, neither Certification A nor B may apply.

A) I certify that the company listed above has procedures in place to recertify the continued eligibility of all of its Lifeline subscribers, and that, to the best of my knowledge, the company obtained signed certifications from all subscribers attesting to their continuing eligibility for Lifeline. Results are provided in the chart above in Blocks F through J. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.

Initial JR

#### AND/OR

B)	I certify that the company listed above has procedures in place to recertify consumer eligibility by relying on:
	MEDICAID, SNAP, SSI, TANF (List database or name of administrator here) Results
	are provided in the chart above in Blocks K through L. I am an officer of the company named above. I am
	authorized to make this certification for the SAC listed above.
	Initial JR

OR

T	•					
Ir	71	tı	31			
	11	LIG				

Using the data entered in Section 2, complete the chart below to find the percentage of subscribers de-enrolled for this ETC.

$\mathbf{M} = (\mathbf{F} + \mathbf{K})$	$\mathbf{N} = (\mathbf{J} + \mathbf{L})$	$\mathbf{O} = ((\mathbf{N} \div \mathbf{M}) * 100)$
Number of subscribers that the ETC attempted to recertify directly or through a state administrator, ETC access to a state database, or by USAC (This should equal the number reported in Block E)	Number of subscribers de-enrolled or scheduled to be de- enrolled as a result of non-response or ineligibility	Percentage of subscribers de-enrolled or scheduled to be de-enrolled as a result of ineligibility or non-response
146592	7982	5.45%

## **Section 4:** ETCs Subject to the Non-Usage Requirements

All ETCs must complete the appropriate check-box. ETCs that do not assess and collect a monthly fee from their Lifeline subscribers are subject to the non-usage requirements. ETCs subject to the non-usage requirements must indicate the number of subscribers de-enrolled by month in Section 4. ETCs that only assess a fee but do not collect such fees are subject to the non-usage requirements and must also indicate the number of subscribers de-enrolled by month.

## Is the ETC subject to the non-usage requirements?

Yes 🗿

No O

If yes, record the number of subscribers de-enrolled for non-usage by month in Block Q below.

P	Q
Month	Subscribers De-Enrolled for Non-Usage
January	6920
February	8016
March	6768
April	5636
May	7456
June	6506
July	7371
August	7399
September	7062
October	6425
November	5588
December	6449
Total Subscribers	81596

# Signature Block

	Javier Rosado Sr. Off. ABU
Signed,	
Certified Online	
Signature of Officer	Printed Name and Title of Officer
jrosado@tracfone.com	01/31/2017
Email Address of Officer	Date
Janet Morejon	305-715-6522
Person Completing This Certification Form	Contact Phone Number

329012

# **Annual Lifeline Eligible Telecommunications Carrier Certification Form**

All carriers must complete all or portions of all sections Form must be submitted to USAC and filed with the Federal Communications Commission

# IMPORTANT: PLEASE READ INSTRUCTIONS FIRST

Deadline: January 31<sup>st</sup> (Annually)

143030103

Study Area Code (SA (An Eligible Telecommun.		Service Provider Identification Number (SPIN) <i>certification form for each SAC through which it provides Lifeline service</i> ).
2016	IN	TracFone Wireless Inc.
Recertification Year	State	ETC Name
SafeLink Wireless		TracFone Wireless Inc
DBA, Marketing, or (If same as ETC name, list	Other Branding Name "N/A" Do not leave blank)	Holding Company Name (If same as ETC name, list "N/A" Do not leave blank)
Provide a list of all ETCs that determined in accordance wi	th Section 3(2) of the Communications	Yes No
Affiliated ETC's SAC		Affiliated ETC's Name
formation, or other simi laws (or partnership agre comptroller, treasurer, or	lar legal document. An officer element), and would typically be	t of a position listed in the article of incorporation, articles of is a person who occupies a position specified in the corporate by president, vice president for operations, vice president for finance ler is a sole proprietorship, the owner must sign the certification.
	y listed above has certification pr	
A) Review income and I that, to the best of	program-based eligibility docume my knowledge, the company w	entation prior to enrolling a consumer in the Lifeline program, and as presented with documentation of each consumer's household r her enrollment in Lifeline; and/or
	eligibility by relying upon accest prior to enrolling a consumer in	ss to a state database and/or notice of eligibility from the state the Lifeline program.
I am an officer of the c above.	ompany named above. I am auti	horized to make this certification for the Study Area Code listed
Initial		

Do not leave empty blocks. If an ETC has nothing to report in a block, enter a zero.

A	В	C	D	$\mathbf{E} = (\mathbf{A} - \mathbf{B} - \mathbf{C} - \mathbf{D})$
Number of subscribers claimed on February FCC Form 497 of current Form 555 calendar year (February data month)	Number of lines claimed on February FCC Form 497 of current Form 555 calendar year provided to wireline resellers	Number of subscribers claimed on the February FCC Form 497 that were initially enrolled in the current Form 555 calendar year  (These subscribers did not have Lifeline service prior to January 1 of the current 555 calendar year.)	Number of subscribers de-enrolled <u>prior</u> to recertification attempt by either the ETC, a state administrator, access to an eligibility database, or by USAC	Number of subscribers ETC is responsible for recertifying for current Form 555 calendar year
75461	0	5327	30305	39829

## **Recertification Results:**

F	G	$\mathbf{H} = (\mathbf{F} - \mathbf{G})$	I	$\mathbf{J} = (\mathbf{H} + \mathbf{I})$
Number of subscribers ETC contacted directly to recertify eligibility through attestation	Number of subscribers responding to ETC contact	Number of non- responding subscribers	Number of subscribers responding that they are no longer eligible  (This should be a subset of Block G.)	Number of subscribers de- enrolled or scheduled to be de-enrolled as a result of non-response or response of ineligibility from ETC recertification attempt
26742	26692	50	0	50

K	L
Number of subscribers whose eligibility was reviewed by state administrator, ETC access to eligibility database, or by USAC	Number of subscribers de-enrolled or scheduled to be de-enrolled as a result of finding of ineligibility by state administrator, ETC access to eligibility database, or USAC
13087	6285

**Note:** If any subscriber was reviewed by an ETC accessing a state database or by a state administrator and subsequently contacted directly by the ETC in an attempt to recertify eligibility, those subscribers should be listed in Blocks F through J as appropriate and not in Blocks K and L. As a result, all subscribers subject to recertification who were not de-enrolled prior to the recertification attempt must be accounted for in Block F or Block K.

The total of Block F and Block K should equal the number reported in Block E.

## **Certification:**

Based on the data entered above, initial the certification(s) below that apply. Both Certification A and B may apply depending on the recertification procedures in place for the SAC reporting on this form. If Certification C applies, neither Certification A nor B may apply.

A) I certify that the company listed above has procedures in place to recertify the continued eligibility of all of its Lifeline subscribers, and that, to the best of my knowledge, the company obtained signed certifications from all subscribers attesting to their continuing eligibility for Lifeline. Results are provided in the chart above in Blocks F through J. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.

Initial JR

#### AND/OR

B)	I certify that the company listed above has procedures in place to recertify consumer eligibility by relying on:
	MEDICAID. TANF . (List database or name of administrator here) Results
	are provided in the chart above in Blocks K through L. I am an officer of the company named above. I am
	authorized to make this certification for the SAC listed above.
	Initial JR

OR

T *4 * 1	
Initial	
11111111111	

Using the data entered in Section 2, complete the chart below to find the percentage of subscribers de-enrolled for this ETC.

$\mathbf{M} = (\mathbf{F} + \mathbf{K})$	$\mathbf{N} = (\mathbf{J} + \mathbf{L})$	$\mathbf{O} = ((\mathbf{N} \div \mathbf{M}) * 100)$
Number of subscribers that the ETC attempted to recertify directly or through a state administrator, ETC access to a state database, or by USAC (This should equal the number reported in Block E)	Number of subscribers de-enrolled or scheduled to be de- enrolled as a result of non-response or ineligibility	Percentage of subscribers de-enrolled or scheduled to be de-enrolled as a result of ineligibility or non-response
39829	6335	15.91%

## **Section 4:** ETCs Subject to the Non-Usage Requirements

All ETCs must complete the appropriate check-box. ETCs that do not assess and collect a monthly fee from their Lifeline subscribers are subject to the non-usage requirements. ETCs subject to the non-usage requirements must indicate the number of subscribers de-enrolled by month in Section 4. ETCs that only assess a fee but do not collect such fees are subject to the non-usage requirements and must also indicate the number of subscribers de-enrolled by month.

## Is the ETC subject to the non-usage requirements?

Yes 🖸

No O

If yes, record the number of subscribers de-enrolled for non-usage by month in Block Q below.

P	Q
Month	Subscribers De-Enrolled for Non-Usage
January	2594
February	2432
March	2934
April	2252
May	2866
June	2415
July	2487
August	2550
September	2658
October	2412
November	2501
December	2965
Total Subscribers	31066

# Signature Block

	Javier Rosado Sr. Off. ABU	
Signed,		
Certified Online		
Signature of Officer	Printed Name and Title of Officer	
jrosado@tracfone.com	01/31/2017	
Email Address of Officer	Date	
Janet Morejon	305-715-6522	
Person Completing This Certification Form	Contact Phone Number	